

01-10-05
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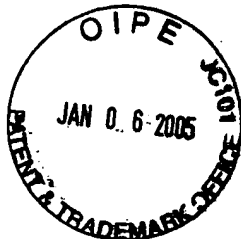
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7590 10/21/2004
Squire, Sanders & Dempsey L.L.P.
Suite 300
One Maritime Plaza
San Francisco, CA 94111



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Patricia Gamble	(Depositor's name)
<i>Patricia Gamble</i>	(Signature)
January 6, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/623,892	07/21/2003	Masayuki Nakazawa	56232.91	7634

TITLE OF INVENTION: INKJET RECORDING MEDIUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$300	\$1670 \$1700	01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAH, MANISH S	2853	347-105000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- 1 Squire, Sanders &
- 2 Dempsey
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Konica Corporation

Tokyo Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☒ Advance Order - # of Copies 2

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Charles E. Remyan, Jr.

Date

January 6, 2005

Typed or printed name

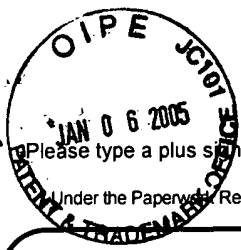
Charles E. Remyan, Jr. Ph.D.

Registration No.

43,066

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (08-03)

Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/623,892	
	Filing Date	July 21, 2003	
	First Named Inventor	Masayuki Nakazawa	
	Group Art Unit	2853	
	Examiner Name	Manish S. Shah	
Total Number of Pages in This Submission (excluding references)	4	Attorney Docket Number	56232.91

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ____ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Supplemental Response II (pages)	<input checked="" type="checkbox"/> Issue Fee Transmittal with PTO-85b <i>(in duplicate)</i>	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Amendment	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Declaration (pages)	<input type="checkbox"/> Fee Transmittal Form <i>(in duplicate)</i>	<input checked="" type="checkbox"/> Fee Address Indication Form
<input type="checkbox"/> Petition for Extension of Time (____ month) <i>(in duplicate)</i>	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Information Disclosure Statement <i>(in duplicate)</i> with Form PTO-1449 and ____ References	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Demossey L.L.P. Charles E. Bunyan, Reg. No. 43,066
Signature	
Date	January 6, 2005

CERTIFICATE OF MAILING			
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